

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/988, 374

DATE: 12/20/01	FROM: D. Procure	(print name)
REASON(S):		
A. You had Parent		<input type="checkbox"/> (check box)
B. See Title		<input type="checkbox"/> (check box)
C. See Abstract		<input type="checkbox"/> (check box)
D. See Claim(s):		

FURTHER EXPLANATION IF NEEDED:

Cross polarization interference canceller, no digital signal claimed.

DATE: 0	FROM: _____	(print name)
REASON(S):		
A. You had Parent		<input type="checkbox"/> (check box)
B. See Title		<input type="checkbox"/> (check box)
C. See Abstract		<input type="checkbox"/> (check box)
D. See Claim(s):		

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____	(print name)
REASON(S):		
A. You had Parent		<input type="checkbox"/> (check box)
B. See Title		<input type="checkbox"/> (check box)
C. See Abstract		<input type="checkbox"/> (check box)
D. See Claim(s):		

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____	
REASON(S):		
A. You had Parent		<input type="checkbox"/> (check box)
B. See Title		<input type="checkbox"/> (check box)
C. See Abstract		<input type="checkbox"/> (check box)
D. See Claim(s):		

FURTHER EXPLANATION IF NEEDED: